Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04-22-2010	Address:	<u>3195 W. US 6</u>
Case #:	<u>22F45676</u>		WAWAKA, IN.
County:	NOBLE		<u>46794</u>
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
_	al/Glassware/Equipment (only) ite (only)	☐ Outbuilding☐ Vehicle	☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	☐ Ephedrin ☐ Retail/M ☑ Other: <u>N</u> C	e Information e/Pseudoephedrine Tracking Log erchant Tip DBLE CO SHERIFF
		Fax: 260-8	
Fire Department: <u>LIGONIER FD</u> Health Department: <u>NOBLE CO</u>		Fax: <u>260-6</u>	<u>536-2192</u>
-	ection Service:	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: ANDREW SMITH Phone 260-432-8661			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

 This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.